

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

American Council of Life Insurers Political Action Committee

ADDRESS (number and street)

101 Constitution Ave., NW

Suite 700

☐Check if different  
than previously  
reported. (ACC)

Washington

DC

20001

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00147066

3. IS THIS  
REPORT☐NEW  
(N)

OR

☒AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☒

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

02

01

2010

through

02

28

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Mr. Donald L. Walker

Signature of Treasurer

Electronically Filed by Mr. Donald L. Walker

Date

04

15

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

A. Form/Schedule : **F3XA**  
Transaction ID :

The report code for the February 2, 2010 check from Hartford Advocates Fund was incorrect. It was reported as a refund of a contribution, but should have been a contribution from a federal PAC. This amendment corrects that error.

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

3 / 15

Write or Type Committee Name

American Council of Life Insurers Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	2	0	1	2	0	1	0

To:

M	M	D	D	Y	Y	Y	Y
0	2	2	8	2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2010</span>		73931.75
(b) Cash on Hand at Beginning of Reporting Period .....	46089.91	
(c) Total Receipts (from Line 19) .....	15486.83	30644.99
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	61576.74	104576.74
7. Total Disbursements (from Line 31) .....	3325.00	46325.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	58251.74	58251.74
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** **OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

American Council of Life Insurers Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	2	0	1	2	0	1	0

To:

M	M	D	D	Y	Y	Y	Y
0	2	2	8	2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	3501.92	5511.58
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	1984.91	5133.41
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	5486.83	10644.99
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	10000.00	20000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	15486.83	30644.99
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	15486.83	30644.99
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	15486.83	30644.99

## DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	0.00	0.00	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	0.00	0.00	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2675.00	44675.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00	
29. Other Disbursements.....	650.00	1650.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	3325.00	46325.00	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3325.00	46325.00	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	15486.83	30644.99
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	15486.83	30644.99
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 15

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

PrinPAC

Mailing Address 711 High Street

City

Des Moines

State

IA

Zip Code

50392

FEC ID number of contributing  
federal political committee.

**C** C00128918

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 9 / 2 0 1 0

Transaction ID: 33575496

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

Hartford Advocates Fund

Mailing Address 690 Asylum Avenue

City

Hartford

State

CT

Zip Code

06115

FEC ID number of contributing  
federal political committee.

**C** C00168864

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 1 / 2 0 1 0

Transaction ID: 34365694

Amount of Each Receipt this Period

5000.00

**SUBTOTAL** of Receipts This Page (optional) .....

10000.00

**TOTAL** This Period (last page this line number only) .....

10000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 8 / 15

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Mark R. Sarlitto

Mailing Address 187 Danbury Road

Riverview Building, 3rd Floor

City

Wilton

State

CT

Zip Code

06897-4122

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wilton Reassurance Company

Occupation

Senior Vice President & General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 5 / 2 0 1 0

Transaction ID: 33720514

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Walter C. Welsh

Mailing Address 101 Constitution Ave, NW

101 Constitution Ave, NW

City

Washington

State

DC

Zip Code

20001-2140

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Council of Life  
Insurers

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

718.76

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR1550105918878

Amount of Each Receipt this Period

359.38

P/R Deduction (\$179.69 Se-  
mi-Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Gary E. Hughes

Mailing Address 101 Constitution Avenue, NW

Suite 700 West

City

Washington

State

DC

Zip Code

20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Council of Life  
Insurers

Occupation

Executive Vice Pres & General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.83

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR771358218878

Amount of Each Receipt this Period

300.42

P/R Deduction (\$150.21 Se-  
mi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

909.80

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 15

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Ms. Linda H. Cunningham

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Council of Life  
Insurers

Occupation  
Vice President, Conference Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.16

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR771362418878

Amount of Each Receipt this Period

104.58

P/R Deduction (\$52.29 Semi-Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. J. Bruce Ferguson

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Council of Life  
Insurers

Occupation  
Senior Vice President, State Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

543.76

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR771373218878

Amount of Each Receipt this Period

271.88

P/R Deduction (\$135.94 Semi-Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. David M. Leifer

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Council of Life  
Insurers

Occupation  
Senior Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR771374018878

Amount of Each Receipt this Period

150.00

P/R Deduction (\$75.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

526.46

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 15

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. John W. Mangan, CEBS

Mailing Address 101 Constitution Ave, NW  
Suite 700

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Council of Life  
Insurers

Occupation  
Regional Vice President, State Relatio

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR771377118878

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Se-  
mi-Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Kimberly Dorgan

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Council of Life  
Insurers

Occupation  
Executive Vice President, Federal Rela

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.32

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR771395118878

Amount of Each Receipt this Period

416.66

P/R Deduction (\$208.33 Se-  
mi-Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Morris Goff

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Council of Life  
Insurers

Occupation  
Vice President, Federal Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

364.52

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR771419318878

Amount of Each Receipt this Period

182.26

P/R Deduction (\$91.13 Sem-  
i-Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

798.92

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 15

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Frank Keating

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Council of Life  
Insurers

Occupation  
President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.32

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR771419718878

Amount of Each Receipt this Period

416.66

P/R Deduction (\$208.33 Se-  
mi-Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Brenda Nation

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Council of Life  
Insurers

Occupation  
Senior Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR771419918878

Amount of Each Receipt this Period

150.00

P/R Deduction (\$75.00 Sem-  
i-Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. John P. Gerni

Mailing Address 101 Constitution Ave, NW  
Suite 700

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Council of Life  
Insurers

Occupation  
Senior Legislative Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

253.33

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR771428718878

Amount of Each Receipt this Period

126.66

P/R Deduction (\$63.33 Sem-  
i-Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

693.32

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 15

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Juan Carlos Scott

Mailing Address 101 Constitution Ave, NW  
Suite 700 West

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Council of Life  
Insurers

Occupation  
Senior Vice President, Federal Relatio

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR771428818878

Amount of Each Receipt this Period

135.00

P/R Deduction (\$67.50 Sem-  
i-Monthly)

**B.**

Full Name (Last, First, Middle Initial)

David C. Turner

Mailing Address 101 Constitution Ave, NW  
Suite 700

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Council of Life  
Insurers

Occupation  
Sr. Vice President and Corp Sec.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

489.33

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR771428918878

Amount of Each Receipt this Period

244.66

P/R Deduction (\$122.33 Se-  
mi-Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Maurice Perkins

Mailing Address 101 Constitution Ave, NW  
Suite 700

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Council of Life  
Insurers

Occupation  
Vice President, Federal Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

387.51

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: PR805149118878

Amount of Each Receipt this Period

193.76

P/R Deduction (\$96.88 Sem-  
i-Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

573.42

**TOTAL** This Period (last page this line number only) .....

3501.92

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 13 / 15

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

American Council of Life Insurers

Mailing Address 101 Constitution Ave, NW  
Suite 700

City Washington State DC Zip Code 20001

Purpose of Disbursement

Portion of in-kind for 2/25 event, \$133.33 room rental, \$91.67 staff time and e-mail, phone, compute

Candidate Name  
Marcia Fudge

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District: 11

Transaction ID: 33559532

Date of Disbursement

02 / 17 / 2010

Amount of Each Disbursement this Period

225.00

Portion of in-kind for 2/-  
25 event, \$133.33 room re-  
ntal, \$91.67 staff time  
and e-mail, phone, compute

B.

Full Name (Last, First, Middle Initial)

American Council of Life Insurers

Mailing Address 101 Constitution Ave, NW  
Suite 700

City Washington State DC Zip Code 20001

Purpose of Disbursement

Portion of in-kind for 2/25 event, \$133.33 room rental, \$91.67 staff time and e-mail, phone, compute

Candidate Name  
Dina Titus

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NV District: 03

Transaction ID: 33559533

Date of Disbursement

02 / 17 / 2010

Amount of Each Disbursement this Period

225.00

Portion of in-kind for 2/-  
25 event, \$133.33 room re-  
ntal, \$91.67 staff time  
and e-mail, phone, compute

C.

Full Name (Last, First, Middle Initial)

American Council of Life Insurers

Mailing Address 101 Constitution Ave, NW  
Suite 700

City Washington State DC Zip Code 20001

Purpose of Disbursement

Portion of in-kind for 2/25 event, \$133.33 room rental, \$91.67 staff time and e-mail, phone, compute

Candidate Name  
Mr. Paul Tonko

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 21

Transaction ID: 33559534

Date of Disbursement

02 / 17 / 2010

Amount of Each Disbursement this Period

225.00

Portion of in-kind for 2/-  
25 event, \$133.33 room re-  
ntal, \$91.67 staff time  
and e-mail, phone, compute

SUBTOTAL of Disbursements This Page (optional) .....

675.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 14 / 15

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Democratic Party of Wisconsin

Mailing Address 110 King Street  
Suite 203

City Madison State WI Zip Code 53703

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 33605038

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2000.00

011

Category/  
Type

SUBTOTAL of Disbursements This Page (optional) .....

2000.00

TOTAL This Period (last page this line number only) .....

2675.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 15 / 15

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Holland for Oklahoma

Mailing Address P.O. Box 890775

City Oklahoma City State OK Zip Code 73189

Purpose of Disbursement  
Kim Holland, INSURANCE COMMISS. OK

Candidate Name  
Ms. Kim Holland

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 33601097

Date of Disbursement

MM / DD / YYYY  
02 / 24 / 2010

Amount of Each Disbursement this Period

650.00

Kim Holland, INSURANCE CO-  
MMISS. OK

SUBTOTAL of Disbursements This Page (optional) .....

650.00

TOTAL This Period (last page this line number only) .....

650.00